

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Vintage Faire Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3620 B Dale Rd. Modesto, CA 95356	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43943</p> <p>Based on interview and record review, the facility failed to ensure quality care was given to one of four sampled residents (Resident 1), when the Medical Doctor (MD) was not notified when Resident 1 had six days of low body temperature.</p> <p>This failure could have contributed to Resident 1 being found unresponsive on 2/1/25 and transferred to [ACUTE CARE HOSPITAL NAME] for further evaluation and treatment in the Hospital Intensive Care Unit (ICU).</p> <p>Findings:</p> <p>During a review of Resident 1 ' s clinical record titled, Admission Record (a document that contained Resident 1 ' s demographic information), indicated Resident 1 ' s diagnoses included dementia (general term for a decline in mental abilities that affects memory, thinking, and behavior), bariatric surgery (weight loss surgery), protein calorie malnutrition (health problems associated with consuming a lack of calories), and anemia (low red blood cells that resulted in low oxygen in the blood).</p> <p>A review of Resident 1 ' s clinical record titled, SBAR [Situation, Background, Assessment, Recommendation- a communication tool] COC [Change of Condition] 911 Transfer, dated 2/1/25 at 5:17 p.m. , by Licensed Nurse (LN) 1, indicated Resident 1 was found unresponsive and starting out into space. Resident 1 ' s lungs had gurgling sounds (could have indicated fluid in the lungs), and the arms and legs were swollen (puffy). Resident 1 ' s vital signs (temperature, heart rate and respiratory rate per minute, and blood pressure) were: body temperature was low at 93.3 degrees () Fahrenheit (F - unit of measurement - normal range 97 F through 99 F), heart rate was low at 49 beats per minute (bpm - normal range 60 bpm-100 bpm), blood pressure was elevated at 131/89 (normal range less than 120) / (normal range is under 80). 911 (emergency help needed) was called and Resident 1 was transferred to [ACUTE CARE HOSPITAL NAME].</p> <p>During a review of Resident 1 ' s clinical record titled, Weights and Vitals Summary, indicated:</p> <p>1/25/25 at 2:53 p.m. - Body temperature - 96.8 F</p> <p>1/27/25 at 6:54 a.m. - Body Temperature 96.1 F</p> <p>1/29/25 at 4:13 p.m. - Body Temperature 94.4 F</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/30/25 at 3:41 p.m. - Body Temperature 94.1 F</p> <p>1/31/25 at 6:27 a.m. - Body Temperature 96.1 F</p> <p>1/31/25 at 11:12 p.m. - Body Temperature 96.3 F</p> <p>A review of Resident 1 ' s clinical record at [ACUTE CARE HOSPITAL NAME], titled, Hospitalist Discharge Summary, admitted [DATE] and discharge date [DATE], indicated on 2/1/25, Resident 1 was admitted from the facility to [ACUTE CARE FACILITY NAME] with altered mental status (confusion), dehydration (lacking water in the body), hypernatremia (excess salt in the blood), acute kidney injury (kidneys were newly damaged), and bradycardia (slow heart rate). Resident 1 ' s temperature upon arrival was 86.7 F (low). Blood glucose (sugar) was 66 (low - normal range 70-99), Sodium level was 151 (high - normal range 135-145), Chloride level was 120 (high - normal range 96-106). Resident 1 was treated for sepsis (overwhelming infection in the body). During Resident 1 ' s stay in the ICU (from 2/1/25 through 2/10/25), Resident 1 was intubated (a machine did the work of breathing for Resident 1) twice, was on Norepinephrine (medication used to treat life threatening low blood pressure), received multiple blood transfusions (blood was transferred from a donor person to Resident 1 via an intravenous [IV] line - tube placed in the vein to deliver medications), and Resident 1 needed a Bair Hugger (a system used to warm up the core body temperature).</p> <p>During a phone interview on 3/5/25, at 9:50 a.m., with LN 2, LN 2 stated when she administered medications to Resident 1, Resident 1 stated she was cold and requested additional blankets. LN 2 stated the temperature LN 2 entered (for Resident 1) could have been entered in error because it was outside the normal parameters. LN 2 stated the process for when temperatures were taken by the Certified Nursing Assistant (CNA) (and were outside of the normal range), the CNA was supposed to inform the LN so the LN could assess the Resident and re-take the temperature. LN 2 stated if the vital signs were still outside the normal range, the doctor should be notified.</p> <p>During a phone interview on 3/5/25, at 12:40 p.m., with LN 3, LN 3 stated a low body temperature could have indicated Resident 1 was in distress. LN 3 stated she did not recall calling the MD regarding the low body temperature on 1/27/25 or 1/31/25.</p> <p>During a phone interview on 3/5/25, at 12:43 p.m., with LN 4, LN 4 stated Resident 1's low body temperatures could have been a sign of hypothermia (significant and dangerous drop in body temperature) or sepsis.</p> <p>During a phone interview on 3/5/25, at 12:45 p.m., with CNA 1, CNA 1 stated the CNAs and LNs assessed vital signs once per shift (8-hour shift) and as needed or ordered by the MD. CNA 1 stated when Resident 1 ' s temperature was not within the normal range, the nurses should have re-checked Resident 1 ' s temperature immediately, alerted the LN to assess Resident 1, and if the temperature was still low, the MD should have been notified. CNA 1 stated when an abnormal temperature was taken, the temperature displayed red on the thermometer screen.</p> <p>(continued on next page)</p>		

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